

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137

Registered No. 496

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Insular Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed

2. Full name of child

Richard Wright Montjoy

3. Sex of Child

male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth Nov 16 1927
Month Day Year

8. FATHER

Full name

Richard Leroy Montjoy

9. Residence

(Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or country)

Urbek City
Missouri

13. Occupation

Nature of industry

Mining engineer
Copper

14. MOTHER

Full maiden name

Ruth Wright

15. Residence

(Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday 32 (Years)

18. Birthplace (city or place)

(State or country)

Blooming Gros
Texas

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive

at

5:44 P

m. on the date above stated

(Born alive or stillborn.)

Signature

J. J. Miller
M.D.

(Physician or midwife)

Address

Miami, Arizona

Filed

Nov 20 1927

C. E. Trorn

Registrar

Given name added from
a supplemental report

Month, day, year

Registrar

948-1114-963